



OFFICE FOR STANDARDS  
IN EDUCATION

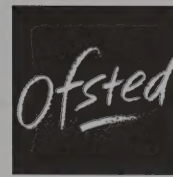
# Sex and Relationships

532

HMI 433



22503489837



OFFICE FOR STANDARDS  
IN EDUCATION

# Sex and Relationships

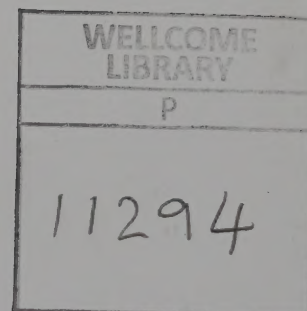
HMI 433

A report from the Office of Her Majesty's Chief Inspector of Schools



© Crown copyright 2002  
Office for Standards in Education  
Alexandra House  
33 Kingsway  
London  
WC2B 6SE

Telephone 020 7421 6800 or 6774  
Web site: [www.ofsted.gov.uk](http://www.ofsted.gov.uk)



This report may be reproduced in whole or in part for non-commercial or educational purposes, provided that the information quoted is reproduced without adaptation and the source and date of publication are stated.

---

# Contents

	Page
Introduction	1
Main Findings	5
Achievement	9
School Policies and Organisation	13
Teaching	21
Parents and Other Sources of Information and Advice	27
Supporting Individual Pupils	29
Conclusions and Recommendations	33
Appendices	37

---

---

## Contents

1	Introduction
2	Methodology
3	Results
4	Discussion
5	Conclusion
6	References
7	Appendix A
8	Appendix B
9	Appendix C
10	Appendix D
11	Appendix E
12	Appendix F
13	Appendix G
14	Appendix H
15	Appendix I
16	Appendix J
17	Appendix K
18	Appendix L
19	Appendix M
20	Appendix N
21	Appendix O
22	Appendix P
23	Appendix Q
24	Appendix R
25	Appendix S
26	Appendix T
27	Appendix U
28	Appendix V
29	Appendix W
30	Appendix X
31	Appendix Y
32	Appendix Z

The following table provides a detailed overview of the data collected during the study. It includes information on the participants, the variables measured, and the results of the statistical analysis. The data is presented in a clear and concise manner, allowing for easy interpretation and comparison of the findings.

The study was conducted over a period of six months, during which time a total of 100 participants were recruited. The participants were divided into two groups: a control group and an experimental group. The control group consisted of 50 individuals, while the experimental group consisted of 50 individuals. The participants were selected from a variety of sources, including local community centers, universities, and online recruitment platforms.

The variables measured in the study included the following:

- Age
- Gender
- Education level
- Income level
- Health status
- Physical activity level
- Stress levels
- Quality of life
- Overall well-being

The results of the statistical analysis are presented in the following table:

Variable	Control Group	Experimental Group
Age	35.2	35.1
Gender	50% Male, 50% Female	50% Male, 50% Female
Education level	10% High School, 40% Bachelor's, 50% Graduate	10% High School, 40% Bachelor's, 50% Graduate
Income level	10% Low, 40% Middle, 50% High	10% Low, 40% Middle, 50% High
Health status	10% Poor, 40% Fair, 50% Good	10% Poor, 40% Fair, 50% Good
Physical activity level	10% Sedentary, 40% Light, 50% Moderate	10% Sedentary, 40% Light, 50% Moderate
Stress levels	10% High, 40% Moderate, 50% Low	10% High, 40% Moderate, 50% Low
Quality of life	10% Poor, 40% Fair, 50% Good	10% Poor, 40% Fair, 50% Good
Overall well-being	10% Poor, 40% Fair, 50% Good	10% Poor, 40% Fair, 50% Good

The data indicates that the experimental group showed significantly higher levels of physical activity and lower levels of stress compared to the control group. Additionally, the experimental group reported higher levels of overall well-being and quality of life. These findings suggest that the intervention implemented in the experimental group was effective in improving the participants' health and well-being.



---

## Introduction

1. This report is a response to a recommendation in the Social Exclusion Unit's 1999 report *Teenage Pregnancy* that the Office for Standards in Education (OFSTED) should carry out a survey of sex and relationships education and produce a guide to good practice. The report is based on evidence from:
  - inspection by Her Majesty's Inspectors (HMI) of 140 primary, secondary and special schools
  - discussions with 650 young people during these inspections
  - analysis of OFSTED inspections of primary, secondary and special schools carried out during 2000/01
  - a postal survey of about 1,000 primary, secondary and special schools in 20 local education authorities (LEAs)
  - meetings with education and health professionals
  - research carried out for OFSTED by the Schools Health Education Unit, Exeter.

## Context

2. Reducing the incidence of teenage pregnancy is not the only purpose of education about sex and relationships, but it is a very important one. The United Kingdom has the highest teenage birth rate in western Europe. *Teenage Pregnancy* records that each year, in England, 90,000 teenage girls conceive. Of these, around 7,700 are under 16 and 2,200 are aged 14 or under.
3. Half of the under-16s who are sexually active do not use contraception the first time they have sex. They have a nine in ten chance of conceiving in one year and are exposed to sexually transmitted infections.
4. The rate of teenage pregnancy is highest in the economically most disadvantaged communities and among the most vulnerable young people, including those in care, those with irregular patterns of school attendance and those who have been excluded from school.
5. Of the under-16s who become pregnant, half choose abortion. Nine out of ten teenage mothers who have their babies do so outside marriage. The death rate of babies with teenage mothers is significantly higher than for babies of older mothers and they are more likely to have low birth weight, have childhood accidents and be admitted to hospital. Teenage mothers are more likely than their peers to be living in poverty. In the longer term, daughters of teenage mothers have a high chance of becoming teenage mothers themselves.

6. Three factors stand out in explanations of the distribution of teenage pregnancy:
  - **low expectations:** teenage pregnancy is common among young people who have been disadvantaged in childhood and have poor expectations of education or a career
  - **lack of knowledge:** some young people lack accurate knowledge about contraception, sexually transmitted infections, what to expect in relationships and what it means to be a parent
  - **the power of media messages:** teenagers are exposed to sexually explicit images in the media and an implicit message that sexual activity is the norm, while many parents are silent on the matter.

## Education about sex and relationships in schools

7. Schools provide a setting in which young people can be offered appropriate teaching about sex and relationships education (SRE). The purpose of SRE is to assist young people to prepare for adult life by supporting them through their physical, emotional and moral development, and helping them to understand themselves, respect others and form and sustain healthy relationships.
8. Aspects of SRE form part of the National Curriculum programmes of study in science and are to be taught in all secondary schools. Other aspects of SRE are taught in most primary and secondary schools within their personal, social and health education (PSHE) and religious education (RE) programmes.
9. The launch in 1999 of the National Healthy School Standard sought to help schools in their development of education about health generally ([www.wiredforhealth.gov.uk](http://www.wiredforhealth.gov.uk)). The scheme provides schools with the means of reviewing their provision against nationally agreed criteria and encourages them to work with local agencies to develop that provision.
10. Since the scheme was introduced, the Qualifications and Curriculum Authority (QCA) has issued guidance on implementing the non-statutory framework for PSHE at Key Stages 1-4 within the revised National Curriculum handbooks. The guidance seeks to clarify the distinctive elements of learning in PSHE, linking these to the National Healthy School Standard and to broader aspects of school life.
11. The most recent government guidance (*Sex and Relationship Education*, DfEE 2000) places SRE within the framework of PSHE. It identifies the key aspects of SRE to be included in the curriculum and gives advice on developing a policy, teaching SRE, working with parents, and confidentiality.



12. As well as reminding schools of the requirements within National Curriculum science relevant to SRE, the guidance suggests that SRE in **primary schools** should ensure that all pupils:
  - develop confidence in talking, listening and thinking about feelings and relationships
  - are able to name parts of the body and describe how their bodies work
  - can protect themselves and ask for help and support
  - are prepared for puberty.
13. The guidance suggests that SRE in **secondary schools** should prepare young people for an adult life in which they can:
  - develop positive values and a moral framework that will guide their decisions, judgements and behaviour
  - be aware of their sexuality and understand human sexuality
  - understand the arguments for delaying sexual activity
  - understand the reasons for having protected sex
  - understand the consequences of their actions and behave responsibly within relationships
  - have the confidence and self-esteem to value themselves and others, and to have respect for individual conscience and the skills to judge what kind of relationships they want
  - communicate effectively
  - have sufficient information and skills to protect themselves and, where they have one, their partner, from unintended and unwanted conceptions, and sexually transmitted infections, including HIV
  - avoid being exploited or exploiting others
  - avoid being pressurised into having unwanted or unprotected sex
  - get confidential sexual health advice, support and, if necessary, treatment
  - know how the law applies to sexual relationships.



---

## Main Findings

### *Achievement*

- ❑ Most of the primary and secondary schools covered by this survey teach about sex and relationships conscientiously and, for the most part, effectively.
- ❑ In primary schools, pupils' **knowledge and understanding** of factual aspects of SRE were good or better in one third of the lessons observed at Key Stages 1 and 2, and adequate in nearly all others. In secondary schools, in relation to expectations for the age-groups, pupils' knowledge and understanding were better at Key Stage 4 than at Key Stage 3.
- ❑ School programmes need to do more to develop **values and attitudes** and the **personal skills** needed to make sensible choices. Programmes were less effective in these respects when teachers lacked confidence or expertise, planning was inadequate or insufficient time was allowed for the work.

### *School policies and organisation*

- ❑ Over nine out of ten schools have SRE policies. Their quality is good in over half the primary schools and in three fifths of secondary schools. In one in ten of all schools, their quality is poor.
- ❑ The new guidance from the DfES has had a positive effect, but too many schools have not reviewed their policies in the light of the guidance.
- ❑ Education about HIV/AIDS is receiving less attention than in the past, despite the fact that it remains a significant health problem. Education about parenthood does not feature in all secondary schools' programmes, even though most schools recognise its importance.
- ❑ Schools generally make good use of support from a range of agencies when planning and teaching SRE.
- ❑ Few schools engage pupils in discussions when planning or evaluating their SRE programmes. Where such discussions do take place, pupils value them and the school gains fresh insights.
- ❑ The monitoring and evaluation of SRE programmes are weak in most schools.



## ***Teaching***

- ☐ In primary schools, the teaching of SRE was better at Key Stage 2 than at Key Stage 1. At both key stages, teaching about relationships was the most effective part of SRE.
- ☐ In secondary schools, the teaching at Key Stage 4 was better than at Key Stage 3. At both key stages, teaching about sexual health, including sexually transmitted infections, and the law in relation to sex, was poor in one in five lessons.
- ☐ The most effective teaching in secondary schools was by teachers with a special interest and expertise in SRE. Nearly all the poor teaching was by form tutors in schools where all tutors were involved in providing the programme.
- ☐ Assessment in SRE was often poor and tended to be confined to recall of facts.

## ***Parents and other sources of information and advice***

- ☐ Schools have been effective in addressing the concerns of parents, communities and religious groups about the SRE they provide. About four in every 10,000 pupils (0.04%) are currently withdrawn from the non-statutory aspects of SRE.
- ☐ Evidence collected in this survey confirms that many parents are reluctant to play a greater role in discussing sex and relationships with their children because they feel they lack the necessary knowledge and skills.
- ☐ The media, especially magazines for teenagers, are an increasingly important source of information and have a significant bearing on pupils' attitudes. There is a strong case for schools to be more aware of the role of these media.

## ***Supporting individual pupils***

- ☐ Schools provide support and advice for individual pupils in a number of different ways. Boys feel that this support and advice is often aimed only at girls. While not necessarily true, the perception discourages them from seeking help.
- ☐ Access to advisory services depends in part on where pupils live. Whatever the location of the services, many pupils are concerned about confidentiality.

- ❑ Support for pregnant schoolgirls varies in quality. The most effective support is comprehensive and ensures that the impact of pregnancy on educational progress is minimised. School-age fathers do not receive enough guidance.

### ***Issues for attention***

- ❑ To improve the quality of education about sex and relationships in schools, it is important that:
  - schools broaden their coverage and clarify their definition of achievement
  - SRE is taught by teachers with specialist knowledge and expertise
  - further guidance is given on teaching about sexuality and about parenthood
  - the coverage of HIV/AIDS is enhanced
  - assessment processes are improved, and schools monitor and evaluate their SRE programmes more thoroughly
  - more advice is provided for parents, especially fathers, to help them to talk more fully about sex and relationships with their children
  - pupils are given better access to individual advice from specialist professionals.





# Achievement

14. At all key stages, too many schools tend to judge achievement in SRE only in terms of factual knowledge. Effective SRE programmes also contribute to pupils’ moral and emotional development and to their personal skills.

## Knowledge and understanding

15. Pupils’ knowledge and understanding of sex and relationships need to be developed to match their growing maturity. By the time they reach the end of Key Stage 4, it is generally accepted that pupils should understand: how bodies develop and work; sexual reproduction; sexuality; emotions and relationships; sexual behaviour and sexual health; and the law in relation to sex.
16. Table 1 gives the percentage of lessons in which pupils’ knowledge and understanding were judged good, adequate or unsatisfactory at Key Stages 1-4.

**Table 1: Judgements of pupils’ knowledge and understanding by percentage of lessons**

Key Stage	good or better %	adequate %	unsatisfactory or poor %
1	33	63	4
2	33	59	8
3	32	48	20
4	48	42	9

17. Key points from the inspection evidence are:
- ❑ Where knowledge and understanding at Key Stage 2 were poor, this was often caused by the failure of the teaching to take account of the maturity of pupils, particularly among the girls.
  - ❑ Significant weaknesses in knowledge and understanding were apparent at Key Stage 3 in work on relationships and sexual health.
  - ❑ At Key Stage 4, pupils’ knowledge and understanding were particularly good in relation to topics such as contraception.
  - ❑ Pupils’ knowledge and understanding at Key Stage 4 were least secure in relation to sexuality. Despite further advice on teaching about it, many teachers remain nervous about approaching the matter and deal with it only superficially.

18. The following example shows how a topic such as contraception can be dealt with in a straightforward manner.

*In a Year 10 lesson at a girls' grammar school, a specialist teacher led a discussion of the effectiveness of different types of contraceptive. The exposition was excellent and was well supported by effective accounts of the use of each contraceptive.*

*The girls responded well: there was much questioning, good development of accurate terminology and, as a result, clarity in the girls' knowledge and understanding of how contraceptives work. There was a high degree of openness and pupils' questions were answered accurately and honestly. These factors had a significant impact on the consolidation of the girls' learning.*

## Values and attitudes

19. A critical objective of SRE is to help pupils to develop their values and their attitudes to relationships within a moral framework. This may involve dealing with misunderstandings and challenging assumptions.
20. A school's approach to moral and social development is invariably reflected in its statements of aims and values. These often refer to personal morality, the effects of actions and choices, and the nature of relationships. Such concepts are highly relevant to work in SRE. Most schools ensure that these statements of aims and values are well known to pupils and their parents and that they are consistently adhered to within the school.
21. However, different interpretations of the aims and values can produce confusion about what is deemed to be acceptable. For example, in too many secondary schools homophobic attitudes among pupils often go unchallenged. The problem is compounded when derogatory terms about homosexuality are used in everyday language in school and their use passes unchallenged by staff. Where problems arise, staff have often had insufficient guidance on the interpretation of school values and what constitutes unacceptable language or behaviour.
22. Schools almost always set their SRE programmes within an explicit moral framework governing relationships and behaviour. They are often successful in giving pupils opportunities in SRE lessons to explore their values and attitudes and to consider how they and others are affected by them. Where lessons are less effective, this is most often because the teacher talks about what is considered to be the right attitude without giving the pupils the opportunity to debate it, to make their own views known and to explore contradictions and disagreements.
23. As the next example shows, when properly planned and well-executed SRE lessons offer pupils good opportunities to explore the nature of relationships.

*In an 11-18 comprehensive school in south-east England, Year 9 pupils were encouraged to reflect on a range of options relating to sexual behaviour and to consider the moral and practical consequences in each case. Pupils had a good understanding of the tasks and they worked extremely well together before reporting back to the whole class. During a plenary session, moral messages were reinforced.*

*To close the lesson the teacher made very good use of brainstorming as a method of encouraging the pupils to recognise the physical, social and emotional implications of being in a full sexual relationship. Pupils spoke clearly and with confidence and the manner in which they listened intently and appreciated each other's inputs was excellent.*

*The lesson had many excellent features. The well-balanced series of activities gave pupils time for reflection and to demonstrate their skills through the contributions they made to discussion.*

24. However, such open discussions about relationships are not characteristic of all SRE programmes. Some teachers are reluctant to explore the diversity and nature of relationships, particularly when emotional and physical aspects are referred to in discussion.

## Personal skills

25. Effective SRE can make a significant contribution to the development of the personal skills needed by pupils if they are to establish and maintain relationships and make informed choices and decisions about their health and well-being. The possibility of developing such skills is not always recognised by teachers when planning SRE lessons. As a result, as many as half the lessons observed gave pupils no opportunities to develop and reflect on skills, such as those needed to:

- communicate a point of view clearly and appropriately and listen to the views of others
- make sensible choices about what to do in particular situations
- manage relationships with friends confidently and effectively
- act responsibly as an individual and as a member of a group.

26. When teachers are conscious in their lesson planning of the need to develop skills such as these, there can be considerable benefits for the pupils.

*In a Year 11 SRE lesson on contraception at a school in the south of England, the teacher reviewed earlier work and quickly set tasks for the lesson. Pupils, in mixed-sex groups, prepared a presentation to the whole class on one form of contraception. They explained how the*



*contraceptive worked, its advantages and disadvantages. The research was carried out efficiently and effectively: good decision-making skills enabled them to select appropriate information to share with the class.*

*The quality of the presentations was excellent. The pupils were knowledgeable and able to present the information and demonstrate the use of contraceptives in a relaxed and very informative manner. Their communication skills were excellent. Each group posed a series of questions to the rest of the class to test their understanding. The success of the lesson owed much to the quality of relationships and to the teacher's subject knowledge and adept teaching style.*

---

## School Policies and Organisation

27. Over nine out of ten schools covered by the survey had policies on SRE. Where policies were in place, nearly all had received governing body approval, as is required.
28. The latest guidance from the DfES on SRE has had a significant effect on schools: over half the SRE policies had been reviewed or written since the guidance was published in 2000. However, one quarter of primary and almost one third of secondary schools have not reviewed their SRE policies for more than three years.
29. The quality of policies was good in over half the primary schools and in three fifths of the secondary schools. In one in ten of all schools, their quality was poor. Common weaknesses included a failure to identify learning outcomes and insufficient guidance on teaching methods.
30. Nearly all the schools had successfully engaged staff and members of the governing body when planning and writing their SRE policy and scheme of work. Two thirds of primary and over half the secondary schools had also sought to involve parents. However, only one in eight primary schools and under a third of secondary schools had actively sought the opinions of their pupils when planning the curriculum. In those schools that did so, the resulting programme better matched pupils' levels of understanding and needs.
31. SRE is almost always taught as an element of the PSHE programme. Aspects of it are covered in science, as part of the National Curriculum requirements, and in RE. In one in five schools, links between PSHE and other subject areas were poor, with the result that the programme lacked coherence.
32. The monitoring and evaluation of programmes were generally unsatisfactory or poor in both primary and secondary schools. Where they took place, they were often fragmentary and involved insufficient observation of lessons and discussion with pupils.
33. Co-ordination between primary and secondary schools on the teaching of sex and relationships education was generally weak.

### Good practice

34. Good policies for SRE:
  - state the aims and objectives for the programme and explain how the aims will be fulfilled
  - are based on consultation with parents and the wider community
  - establish the framework of values within which the teaching of SRE is set

- define the content of the programme and how the needs of the individual will be met and link to child protection procedures
  - give guidance on teaching methods
  - spell out the arrangements for pupils who are withdrawn from aspects of SRE
  - specify the means of review and evaluation and the timetable for these processes.
35. Good planning of the SRE curriculum puts the emphasis on the ability of pupils to make informed choices and take responsibility for their own actions, as well as simply imparting knowledge. The scheme of work is also organised in a way that will guarantee continuity and progression by linking inputs in PSHE with those made in science, RE and other subjects, and enabling pupils to revisit and extend their learning throughout their time in school.
36. A basic component of good planning is the setting out what pupils are expected to learn in each key stage. Not all schools covered by the survey had defined clearly enough their expectations of what pupils would learn. Appendix 1 illustrates how this can be done. It draws on DfES and other guidance on SRE and PSHE more generally and includes the National Curriculum requirements.
37. As the best practice in the schools visited showed, good planning is not simply a matter of listing the topics to be covered. Clarity of purpose in planning is essential. The following example shows how some schools are particularly effective at setting out the rationale for their SRE programmes.

***'Rationale***

*A caring and developmental SRE programme needs to be more than just biology and the fundamentals of reproduction. Young people want reassurance about their body image, behaviour, feelings and relationships. They also need knowledge and skills appropriate to their level of maturity and developmental needs.*

*In planning and presenting an SRE programme, pupils should have the opportunity to express themselves within a trusted and safe environment. They need to articulate their thoughts, doubts and anxieties in order that they can build the skills needed to make responsible decisions, communicate effectively and develop healthy and appropriate relationships.*

*Central to the SRE programme is the growth of self-esteem and taking responsibility for oneself and one's actions. The development of pupils' self-esteem is essential to an effective health education programme. If*



*young people feel positive and good about themselves, they are more likely to take care of themselves, think positively of other people, and therefore, develop non-exploitative, caring relationships. They are also less likely to be exploited by others.*

### **Objectives for SRE**

- *to generate an atmosphere where questions of a sexual nature can be asked and answered openly without embarrassment and trust and confidentiality are ensured*
- *to enable pupils to develop knowledge, communication skills and understanding in order to facilitate personal decision-making*
- *to enable pupils to understand the impact of external factors, such as the media, Internet, peer groups and remain independent decision-makers*
- *to enable pupils to develop the ability to form positive, non-exploitative relationships*
- *to enable pupils to be aware of personal, psychological, emotional and physical changes in themselves and others*
- *to enable pupils to understand the process of human reproduction*
- *to emphasise the role and the value of family life*
- *to enable pupils to know what is and what is not legal in matters relating to sexual activity*
- *to inform pupils of where they can go for further information and advice.*

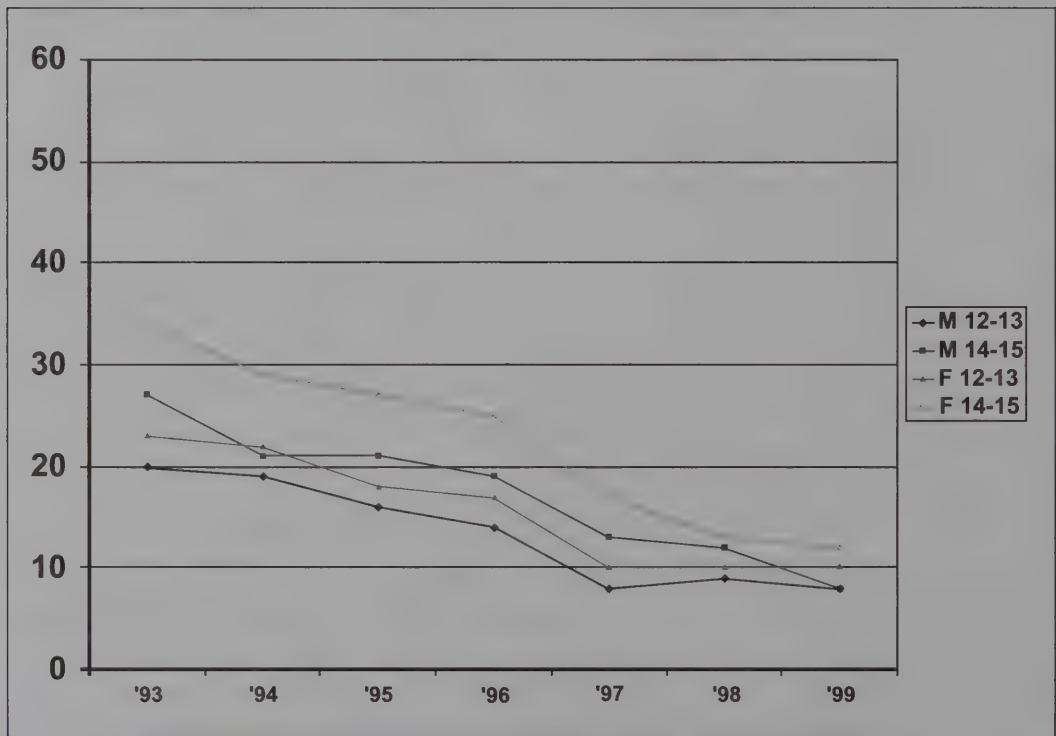
*Sex and relationships education is always taught with due regard to moral and legal considerations and with the explicit values of family life and supportive relationships. It is taught by members of staff who are experienced and have been specifically trained in this aspect of education. Among the values promoted are:*

- *respect for oneself and other people*
- *taking responsibility for one's actions in all situations*
- *honesty and loyalty in relationships*
- *the importance and responsibilities of the family unit for all members*
- *sensitivity towards the needs and views of others*
- *to recognise the physical, emotional and moral implications, and risks, of certain types of behaviour*
- *to recognise and accept the differences of others.'*

Concerns about planning

38. In most schools, the content of SRE programmes is appropriate, although it is not always taught when it would most effectively meet all individual pupils' needs. There are, however, two important areas in which coverage in secondary schools is poor; these are HIV/AIDS and parenthood.
39. Education about HIV/AIDS is receiving less attention than in the past, even though it remains a significant health problem. HIV/AIDS is now less of a concern among young people and this is contributing to the fact that many of those who are sexually active are not using condoms.
40. A survey in 1999 by the Schools Health Education Unit to monitor knowledge about HIV/AIDS notes this trend. Its questionnaire invited young people to give the sources of HIV infection. Though there was good awareness of the two main sources – sharing needles and unprotected sex – among many Year 10 pupils, general knowledge and concern about HIV/AIDS was noticeably less than it was some years ago (figure 1).

Figure 1: Percentage of pupils aged 12-13 and 14-15 worrying 'quite a lot' or 'a lot' about HIV/AIDS 1993-1999



41. The second issue on which coverage is weak is education about parenthood. Even though secondary schools regard it in principle as an important matter, most do not include it as part of their SRE programme.

42. Another issue of concern arising from the study of school policies is confidentiality. Most school policies offer adequate general advice to teachers on this issue, based on DfES guidance. What is less secure is the quality of schools' guidance to teachers on how to respond to individual pupils' questions: this is a weakness in two fifths of secondary schools. For example, it is not always made sufficiently clear to pupils that, although most information can be kept confidential, some may need to be passed on in the young person's best interests. Pupils do not always know what will be done with the information and who will have access to it.

## Pupils' views

43. Discussions with pupils during the inspections gave significant perspectives on SRE in schools. Year 6 pupils valued the inclusion of work on puberty and reproduction. They enjoyed the opportunity to find out more about themselves and to have their anxieties addressed in a supportive environment. Girls welcomed talks on personal hygiene, which were often given by a visitor or a school nurse, but boys felt left out as there had been no equivalent session for them. Girls and boys generally recognised the need for some single-sex lessons but felt the need to understand the emotional and physical changes those of the other sex would go through during puberty.
44. Pupils in Year 8 and Year 10 identified aspects of SRE that were not addressed in sufficient depth. These included parenthood, sexuality, personal health and loving relationships. Pupils felt that there were aspects of sex and relationships that they would want to discuss that appeared to be 'no-go areas' for some teachers. Typical comments were:

*'We are taught about reproduction but not about being in a loving relationship and making love. It's no wonder some don't use condoms.'*  
(Year 10 girl in a mixed school.)

*'We never talk about homosexuality. There are over a thousand boys in this school and it must be an issue for some of them. But the staff seem scared to talk about it.'* (Year 10 boy in an all-boys school.)

*'Most of what we do is for the girls – it's all about what happens to them. No-one tells the boys what responsibilities they have.'* (Year 11 boy in a mixed school.)

## Support from external agencies for planning and teaching

45. Schools generally make good use of support from a wide range of individuals and agencies when planning and teaching SRE. Nurses, general practitioners, health promotion units, LEA staff, theatre-in-education teams, youth workers and peer-education teams all make significant contributions. The involvement of these external agencies can give the pupils access to a wealth of experience and expertise, new resources and different approaches to learning.



*At a school in north-east England, a local doctor talked with Year 12 students about sexually transmitted infections. The accurate, well-delivered exposition on sexually transmitted infections, their causes and symptoms included very helpful references to local networks to support young people. The doctor was also available, with the school nurse, to provide one-to-one counselling after the session, with the arrangements for this well managed.*

46. The best curriculum plans made explicit reference to the involvement of external agencies. Schools arranged preliminary meetings where they could make the visitors aware of the nature of the SRE programme and what part they were being asked to play in it. The visitors considered whether they could meet the brief set by the school. Both parties were aware of the objectives and ground-rules concerning confidentiality.
47. In good practice, visitors had enough time to plan their programmes and to share these with schools. When a visitor was working in school, the teacher remained with the class so that subsequent work could build on the visitor's input. Pupils' views helped to inform both parties as they evaluated the session. Sharing such evaluations served as a useful way of determining future co-operative working.
48. Some of the joint working with external agencies helped schools very considerably to enrich an already effective programme.

*The Junction, Plymouth, provides young people with immediate access to a wide range of services including counselling, housing, legal and benefit advice, basic education and life skills courses. The Junction also provides a service to support young people in making informed choices about healthy relationships and maintaining their sexual health. It has been very successful in bringing together a team of professionals with a broad range of skills in genito-urinary medicine, schools and community nursing, family planning, health promotion, youth and community and SRE. They provide schools with sexual health and relationships programmes designed to meet the specific needs of their pupils. The programmes enable pupils to develop understanding of such issues as peer/partner pressure, building non-sexual relationships, methods of contraception and sexually transmitted infections.*

*The engagement of the pupils in a series of activities during the day has proved popular with pupils and provides a wide range of learning opportunities and experiences from a team of visitors. The pupils benefit from the smaller groups. They recognise the degree of expertise held by the visitors; questioning and general participation by pupils increases as a consequence. Evaluation indicates that meeting different professionals helps to dispel many myths often held around the role and approach of specific organisations.*

49. A significant number of schools are involved in peer-education programmes, in which young people trained and supervised by an external agency are

involved in providing information and help to others. Early evaluation evidence suggests that programmes involving peer education as part of a fuller programme are having a positive effect on attitudes and behaviour. The following example was reported on in the *British Medical Journal* (1995, 311 414-7).

*A scheme known as Added Power and Understanding in Sex Education (APAUSE) has been developed from research conducted in Exeter and is now used in several areas. The programme attempts to improve SRE and to reduce the problems associated with some teenage sexual behaviour. The long-term goal of APAUSE is to promote positive relationships. The specific aims are to: increase tolerance, respect and mutual understanding; enhance knowledge of risks and counteract myths; improve effective contraceptive use by teenagers who are already sexually active; and develop skills among those who wish to resist pressure.*

*In secondary schools, the APAUSE programme is a part of SRE in all years. The teachers, with training and support, teach sessions in Year 7 and 8. Three sessions in Year 9 and 10 are delivered jointly by health and teacher specialists. Trained peer-educators, aged 16-19 years, deliver a further four sessions to Year 9 pupils.*

*Evaluation of the programme indicates that pupils aged 16 who had received the programme increased their knowledge and were less likely to believe that good relationships between young people necessarily involve sexual intercourse. They were more tolerant of the behaviour of others, were less likely to be sexually active, and were nearly twice as likely to say sex education was meeting their needs than comparison groups.*

## Management

50. Almost nine out of ten primary schools and virtually all special and secondary schools have a teacher who co-ordinates SRE and who often has a broader responsibility for PSHE. The role of co-ordinators is usually well defined and supervised by a senior manager.
51. Most co-ordinators discharge their responsibility for planning the SRE curriculum effectively. In secondary schools, the co-ordination between SRE delivered through PSHE programmes and contributions in other subjects is sometimes weak. This is most frequently caused by a lack of clarity about who has responsibility for co-ordination of the overall programme.
52. In the two years covered by the survey, more secondary and special schools than primary schools have been able to take part in in-service training on SRE. Such training has had a beneficial effect on curriculum planning in one third of schools, but has enhanced teaching and learning in only a quarter of secondary schools and one in 11 primary schools.

53. The lack of effect of in-service training is a cause for concern. One reason is that the funding only provides for training costs and not for teachers to have the time to apply their experiences to their schools. Small primary schools find it particularly difficult to release staff for training.
54. The monitoring and evaluation of SRE programmes, and particularly of the quality of the teaching, are poor. Some 37% of primary schools and 22% of secondary schools do no monitoring or evaluation. The absence of effective monitoring and evaluation procedures is especially problematic in schools where all tutors are involved in SRE.
55. Table 2 gives the percentage of schools using eight sources of evidence, sometimes in combination, in their monitoring and evaluation.

**Table 2: Percentage of schools using eight sources of evidence for monitoring and evaluation**

Source	primary schools %	secondary schools %
Lesson observations	22	37
Monitoring planning	6	10
Discussion with co-ordinator	5	50
Sampling pupils' work	2	6
Feedback from pupils	15	31
Feedback from parents	12	11
Feedback from teachers	14	17
Annual review	8	25
No methods used	37	22

56. In the more effective schools, co-ordinators use a range of methods to ensure that provision meets the needs of pupils. The most effective methods are monitoring lesson plans, observing lessons and holding discussions with pupils and teachers.



---

# Teaching

## Quality

57. Table 3 shows the percentage of lessons in which the quality of teaching of SRE was judged good, adequate or unsatisfactory.

**Table 3: Judgements of the quality of teaching in SRE lessons Key Stages 1-4**

Key Stage	good or better %	adequate %	unsatisfactory or poor %
1	52	44	4
2	65	26	9
3	51	36	13
4	60	28	12

58. Key points from the inspection evidence are:

- in primary schools, at Key Stages 1 and 2, teaching about relationships was the most effectively taught aspect of SRE
- in secondary schools, teaching at Key Stage 4, where more of the teaching was by staff with specialist training and expertise, was better than at Key Stage 3
- at Key Stage 4, teaching about contraception was particularly good
- although there were relatively few lessons observed on the topic of parenthood, those that were seen were generally very good
- at both Key Stages 3 and 4, teaching about sexual health and the law in relation to sex was often poor
- at all key stages, learning was unsatisfactory in one lesson in six, with weaknesses being particularly apparent in lessons on reproduction and sexual health, where a quarter were poor.

59. Where teaching was weak the most common problems were:

- unclear expectations of what the pupils should learn in terms of knowledge and understanding, values and attitudes, and personal skills. Though evident across all key stages, this was the most common weakness in Key Stages 1 and 2

- an inability to establish a classroom climate in which issues were explored seriously and openly and embarrassment was handled well
  - pupils being given too few opportunities to reflect on what they were learning. This was a factor in over a quarter of weak lessons, with most of these lessons being in Key Stages 3 and 4
  - in over half the poor lessons, a lack of assessment to determine whether there had been any gains in knowledge and understanding and in skills, as well as any shifts in attitudes and values.
60. At Key Stages 3 and 4, the most effective teaching was provided by specialist teachers – that is, those with a particular interest and background in the content and methods of teaching aspects of PSHE such as SRE – while nearly all the poor teaching was by those involved as form tutors.
61. In secondary schools in which all tutors are expected to teach SRE, the quality of teaching varied a great deal. While the best teaching could be excellent, some was unsatisfactory or poor. Too many schools persist in involving all form tutors in the teaching of SRE when there are clear indications that doing so leads to unacceptable inconsistency in quality. Frequently, this appears to have less to do with broadening the role of the tutor than with sustaining a model that is easy to timetable.
62. Many teachers who take on the role of tutor do so with very little initial or subsequent training. The most significant weaknesses in tutors' teaching of SRE, and PSHE more generally, are:
- inadequacies in their subject knowledge and the quality of their planning
  - a failure to establish ground-rules to govern pupil responses during the lesson
  - poor management of small-group and whole-class discussions, so that the views of a small number of pupils are allowed to dominate
  - an over-reliance on exposition by the teacher, with little use of activities to involve pupils
  - limited encouragement of pupils to reflect on their learning.
63. Short lessons, typically under half an hour, often had a negative effect on teaching and learning in the schools visited. This was a common problem with tutor sessions at Key Stages 3 and 4. Part of the problem was the use of time, with pupils spending the time completing worksheets and not learning enough from doing so. The shortage of time gave the teacher no opportunity to draw out what had been learned at the end of a lesson and the summary, where there was one, tended to be hurried and based mainly upon the teacher's opinions.

## Good practice

64. The key features of good teaching in SRE seen included:

- teachers having broad and detailed understanding of the aspects of SRE they teach
- a clear focus for lesson planning
- expectations of the pupils that are appropriate to their different levels of maturity and understanding
- creating a climate that encourages pupils to express their views and feelings and to respect the views of others, with clearly established boundaries for both courtesy and confidentiality
- teaching methods, including good use of resources, that give good opportunities for pupils to reflect on and assimilate their learning
- assessment of pupils' knowledge and understanding and, in the best practice, of the development of their values and attitudes and their personal skills.

65. The importance of establishing a clear focus for a sequence of lessons is illustrated in the following example.

*In an 11-18 school in south-east England, a Year 7 science lesson formed part of the unit 'growing up'. The lesson was very well planned with learning objectives clearly identified, shared with the pupils and linked to work on sex and relationships in the PSHE programme.*

*Through very good use of questioning and perceptiveness about pupils' responses, the teacher determined their understanding of the process of conception. Throughout, pupils used correct technical vocabulary. The pupils were then asked, in pairs, to determine what mothers needed for a healthy pregnancy. Pupils raised many questions about pregnancy and all these were noted and most addressed during the course of the lesson. The lesson ended with some of the pupils' individual questions answered well by the teacher and with a general discussion of the main learning points.*

66. The following example shows that learning is more likely to be effective when pupils are made aware of the objectives for the lesson and the teacher makes sure that there is time at the end to check that these have been met.

*A Year 10 lesson at a special school in the Midlands was about the birth of a baby. The lesson began with the teacher establishing the relation of the lesson to earlier work and explaining what the pupils should have experienced by the end of the lesson. Good use of video aided the discussion of the physical and emotional feelings of going into labour. Key vocabulary, such as 'breaking of waters' and 'contractions', was introduced.*



*The teacher gave the pupils sets of key words with a task of identifying the emotions most likely to be experienced by mother and father and others involved.*

*Throughout the lesson the teacher reminded pupils of the objectives and at the end of the lesson pupils had identified the emotions experienced by those involved. There had been much sharing of good ideas with all pupils showing a keen appreciation of the inputs made by others. There were considerable gains in terms of their knowledge of the process of birth as well as of the development of appropriate language to describe their feelings.*

67. Creating a climate that encourages pupils to participate and to express their views and feelings is arguably the most difficult task that teachers of SRE face. It demands much confidence, a high level of empathy and very good skills in drawing pupils into discussion, which, while it needs to be serious, should not be without warmth and need not be without humour.

*At a London primary school, the teaching experimented with the use of 'flour babies' (babies made from bags of flour that had been decorated and dressed). Half the class had 'flour babies' for a week. The assortment of diversely dressed babies had been carried and cared for, or in some cases abandoned, by the pupils. Their parents had been alerted in advance that the exercise had serious objectives and would culminate in a mother bringing in a real baby and the whole class sharing in the experience of caring for a baby. This simple sequence was an effective way of providing pupils with an experience of a baby that they were able to discuss in terms of its impact on their feelings and behaviour.*

*In a Year 10 RE lesson, the pupils were considering relationships in society. The teacher led the pupils in a discussion of when sex might enter a relationship. This included a discussion of the reasons why young people might or might not have a sexual relationship. The teacher was clearly comfortable with leading the discussion and this, in turn, made the pupils feel safe in expressing their own opinions. A card game was then used to very good effect to make pupils think and talk about what was appropriate sexual activity in a relationship in terms of its length and nature. There were some very thoughtful and considered answers during the debriefing session. The lesson was then well summarised by the teacher, again with good participation from the pupils, with an appropriate emphasis placed on setting decisions in their lives within a moral framework.*

68. Good teaching establishes ground-rules for the lesson, including rules of confidentiality. It encourages the pupils to explore their attitudes and promotes respect for the views of others.
69. Effective teaching also involves varying the methods used. These include teacher exposition, group work, structured discussion and techniques such as role-play. Exposition by knowledgeable teachers and the use of group work were strengths in many lessons, but one in ten lessons in primary schools

made poor use of structured discussion and almost a quarter of lessons in secondary schools failed to make good use of imaginative ways of involving pupils in discussion. When appropriate teaching methods were employed, pupil participation was more likely and learning more effective.

*The topic of 'changes' was introduced in a Year 6 lesson at a London primary school. The teacher asked the pupils to brainstorm what changes were going on in their lives at that time. The teacher checked that pupils understood key terms. The outcome of this initial discussion was to focus on what pupils might experience as a result of one of these changes – namely puberty. All pupils were encouraged to say what they understood by some of the associated changes they had identified in their groups. There was good identification of likely physical and emotional changes. The teacher responded fully and appropriately to pupils' questions, drawing out their own ideas and feelings.*

*The lesson was particularly effective because of the teacher's skills and confidence, shown for example in her adapting the methods and pace to encourage all pupils to participate.*

70. Good use of resources can add considerably to the success of a lesson.

*In a Year 11 lesson at a school in south-west England, the positive and negative aspects of being a young parent were discussed. Pupils' participation was excellent. The teacher made very good use of brief video clips to raise issues for discussion around why teenagers became pregnant. Key factors identified by the pupils included a reluctance to use condoms because they were seen as problematic, messy or a distraction. Alcohol was highlighted as a significant factor in some conceptions. All the issues raised by the video clips and subsequent discussions were fully explored and the well-led summary linked to the work to be covered in subsequent lessons.*

## Assessment

71. Evidence from inspection indicates that weaknesses in teaching often relate to poor assessment. One third of primary schools do not make regular assessments of pupils' knowledge and understanding. Another third of primary schools use discussion as a way of judging what pupils know, but few use more formal means of assessment. Secondary schools use a wider range of techniques, including questionnaires and written tasks, to assess pupils' knowledge and understanding, but one fifth of secondary schools do not make any assessments of their pupils and in three fifths of secondary schools, assessment practices are weak.
72. Although it is a demanding task, it is nevertheless disappointing that few schools attempt to assess changes in pupils' knowledge, attitudes and skills as a result of teaching about sex and relationships. Learning outcomes can be defined for each key stage. By the end of Key Stage 3, for example, pupils should know and understand:

- how the media influence understanding and attitudes towards sexual health
  - how good relationships can promote mental well-being
  - the law relating to sexual behaviour of young people
  - the sources of advice and support
  - when and where to get help, such as at a genito-urinary medicine clinic.
73. Appendix 1 provides a fuller account of learning outcomes, based on the national guidance and good practice in the schools visited.
74. A few schools have very good assessment processes in place.

*At a secondary school in the Midlands, pupils' work in SRE is regularly assessed. Each main exercise is marked for pupils' understanding, ability to express opinions and their effort and participation. Pupils are told which criteria have been assessed and the grade awarded.*

*At the end of each module of the course, the teacher comments on each pupil's work, referring to the criteria and to the quality of the pupil's answers. The report sheet for SRE includes a course description and the grades describing the pupil's effort, commitment to work, personal organisation and presentation. Pupils are also given the opportunity to comment on their work. The report ends with the teacher's comments on the pupil's understanding of the work, level of participation and ability to express opinions.*



# Parents and Other Sources of Information and Advice

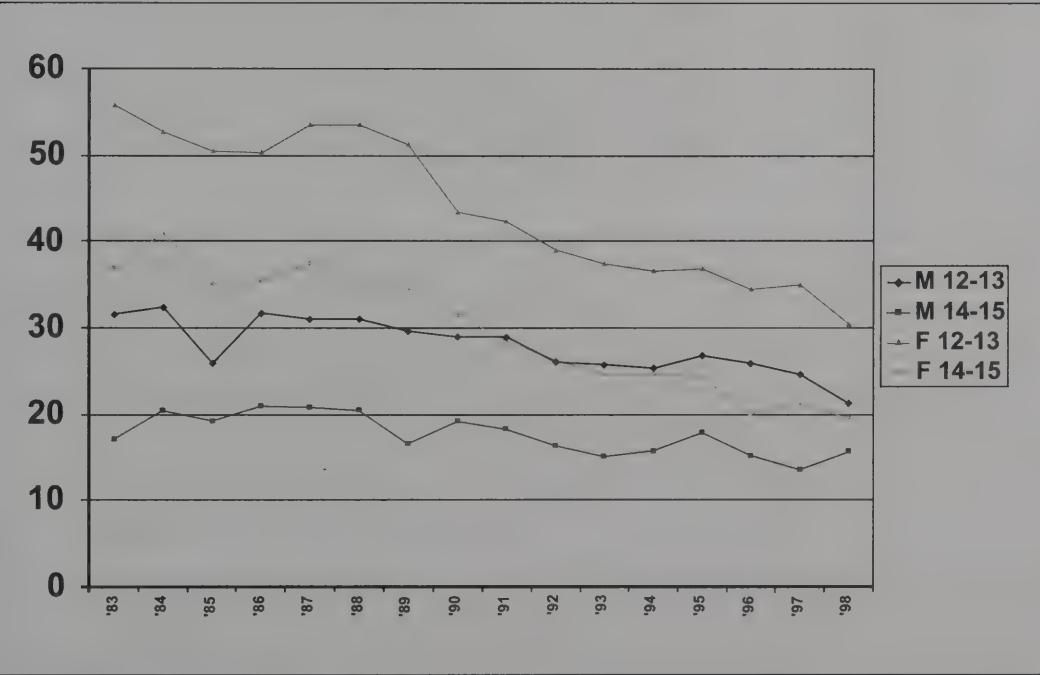
## Inspection evidence

75. Two thirds of primary and over half of secondary schools offer parents the opportunity to become involved in reviewing and planning SRE. Responses to such invitations are often modest. While most schools organise evenings for parents to find out about the proposed SRE programme, attendance tends to be low.
76. All but a few schools have appropriate statements about the right to withdraw pupils from the non-statutory aspects of SRE. Schools have been effective in addressing the concerns of parents, communities and religious groups. The number of pupils withdrawn from aspects of SRE has fallen in the last few years. Nationally, only four in every 10,000 pupils (0.04%) are currently withdrawn from SRE.

## Parents as sources of information and advice

77. Evidence from discussion with pupils in visits to schools and from national surveys confirm that parents are less and less the pupils' main source of advice on sexual matters (figure 2).

Figure 2: Percentage of pupils aged 12-13 and 14-15 identifying parents as main source of information, 1983-1999



Source: School Health Education Unit, Exeter

78. However, when pupils were asked who *should be* their main source of information on sex, many of them (about 40-50% overall) said it should be their parents. A frequent response by pupils was that, in an ideal world, parents should be the main source, but they accepted that this was unlikely because of embarrassment on both sides.
79. Some parents – more often fathers than mothers – are reluctant to take a greater part in talking about sex and relationships with their children because they feel they lack the necessary knowledge and skills. Some schools have, with the involvement of parents, identified the problems and are seeking, with external support, to obtain advice for them, including access to useful books and other materials.

### Other sources of information

80. While there are well-voiced concerns about what should and should not be taught in school SRE programmes, parents appear to be more concerned about the suitability of information that young people receive from other sources.
81. Boys find television and films, along with friends, to be important sources of information, while magazines are increasingly influential sources of information for girls. In many of the popular girls' magazines, the range of topics and the degree of explicitness with which they are dealt with have increased over recent years. While many magazines now stress the importance of safe sex, the underlying, but inaccurate, message is sometimes seen to be that all young people are sexually active. Problems may arise if the messages received from reading this material clash with parental and other local cultural norms, or if unnecessary anxieties arise from reading about practices and risks that the readers are not ready for and are not able to discuss. Hence problems may lie more in the inability of young people to check out facts and attitudes, rather than in the content of the magazines as such.
82. On the other hand, the problem pages in magazines remain a positive source of advice and reassurance for many young people. There has been an increase in the number of magazines for boys that have such advice columns.
83. There is a strong case for teachers to be aware of these media sources of information and for school programmes to include critical study of the information and messages that they carry.

---

## Supporting Individual Pupils

### Support provided by the school

- 84. Lessons on sex and relationships are not always the most appropriate place for pupils to ask questions or to seek advice about matters of perhaps immediate personal concern. Schools recognise this and use a variety of means to provide individual support and advice. Some schools are well supported by a school nurse: over two thirds of primary and special and half of secondary schools involve the nurse in the provision of advice.
- 85. However, while most schools regard themselves as well supported by nurses, other health professionals, counsellors and youth workers, the time these can give to an individual school is often insufficient. There are other difficulties if such provision is the only additional support available to pupils. For example, boys feel that much of the advice is aimed specifically at the girls. While this is not necessarily true, the perception can deter them from seeking such advice.
- 86. Schools are sometimes not sensitive enough in the arrangements they make for pupils to seek advice. The location of the nurse or other provider of advice sometimes makes privacy difficult. Equally, referral systems used by schools often make it obvious when a pupil has been for advice.

### Good practice

- 87. A major part of the increased burden on schools' pastoral systems stems from advice that is needed for individual pupils or the difficulty of dealing with problems experienced by pupils who have not sought advice at the outset.
- 88. With external assistance, a significant minority of schools are providing on-site support that is meeting the needs of young people and, as a result, reducing pressure on the pastoral system.

*The Teenage Information and Advice Centre (TIC-TAC) at Paignton Community College, Torbay, provides excellent support and guidance for pupils.*

*TIC-TAC was established in 1998 following discussions among local general practitioners about how they might engage more effectively with, and provide support for, young people. Callington TIC-TAC project was used as a model and with the help of funding from the health authority and the support of staff and governors at the school, the centre was established in a bungalow on the upper-school site.*

*The centre aims to provide a service that: focuses on teenagers' needs and includes counselling, listening and health information; is relevant to teenagers' needs and is easily accessible, confidential and non-judgemental; and is user-friendly, promoting health in a friendly atmosphere.*



*The centre is staffed by a multi-disciplinary team of general practitioners, practice and school nurses, health visitors and other health and youth workers, all effectively co-ordinated by an experienced youth worker.*

*During TIC-TAC's second year, the staff provided over 1,300 consultations compared with 592 in the previous year. There were a further 6,000 drop-in visits. Consultations have covered a range of issues, including body image and eating disorders, relationships (including bullying), sexual health (including contraceptive advice and services) and general health and well-being.*

*The centre's facilities are being used as much by boys as by girls. Without exception, pupils are very positive about the centre. They are confident that they can go and talk to someone if there is a need. They feel good about being able to discuss matters with adults who do not make judgements about them.*

89. Most secondary schools provide pupils with information on local support services such as those relating to sexual health and contraceptive advice. Discussions with pupils revealed that the majority knew the location of support services by the time they were in Year 10. Pupils were less sure of what would happen if they sought advice. Frequent questions were: 'what would the centre be like?', 'who would they meet?', 'do you have to give your name?' and 'how do you ask for help?'
90. The availability of services depends on where pupils live. For those attending rural or small town schools, there are often considerable problems in gaining access to services. Whatever the location of the support service, local health centre or drop-in centre, pupils are concerned about confidentiality. A fundamental barrier is that they do not want to be seen going into or leaving such a centre. As a result, many do not seek support this way.
91. Pupils at urban schools may also have problems in accessing support services. These may be well away from their community, so that the problem of how to ask for help becomes the central issue. Some support services have given this problem considerable thought and, for example, have changed their external image. Other services such as The Junction in Plymouth (see paragraph 48) provide access to advice on sexual health in the context of other advisory services. One feature of The Junction is its provision of contacts across the city. There is an emphasis on targeting the needs of young people who are hard to reach and who have little or no contact with centre-based services.
92. Currently, too little is known about the effectiveness of different multi-agency support strategies and, as a result, good practice such as that seen at The Junction has not been widely disseminated.

## Supporting school-age mothers and fathers

93. While rates of pregnancy among school-aged girls vary according to area, pregnancies occur in many schools each year. Schools and LEAs respond to them in a variety of ways. In some, the assumption is that the girl concerned will leave the school at a very early stage in her pregnancy, often to go to a pupil referral unit. This may be the best course of action for the girl concerned, but may not necessarily be so. The key to good decision-making here is reflection involving the pupils and their parents, as well as staff in school and from the LEA and health services.
94. Pregnant schoolgirls and schoolgirl mothers form a vulnerable group. Debates about inclusion are, quite properly, inviting LEAs and schools to consider how best to support girls before and after giving birth. Many pregnant schoolgirls have attended school irregularly, if at all, and the first step in their re-inclusion in education is for specialist staff, sometimes from pupil referral units, to talk with them to determine what their particular needs are and how they might best be met.
95. Currently, too little attention and support is given to school-age fathers. Where they are in the same school as the mother, they usually remain in school while the mother leaves. Too easily this can appear to ignore the sexual behaviour of the boy while punishing the girl by her removal from the school.
96. Some schools, reflecting their stated aim of caring for the individual, are highly supportive of the pupils and their families. Where school-based support is effective in meeting the needs of pregnant schoolgirls, their individual needs have been identified and the curriculum and support systems modified to meet them. Support for schoolgirl mothers and babies has taken note of individual circumstances, with childcare facilities supporting, and not replacing, the role of the mother.

*When one of the Year 11 girls at a Midlands school informed the head of year that she was pregnant, the head of year discussed the matter with her before bringing family and staff together. The parents were initially concerned that their daughter would be asked to leave the school. This was not the case and the girl, her parents, the father's family and the school worked together to plan how best to provide support during and after the pregnancy.*

*During the pregnancy, with minor adjustments, she continued to follow the Year 11 curriculum. In the final weeks of the pregnancy she received tuition at home. The appointed tutor worked with her in school before her home leave. This helped to ensure that the tutor could provide a curriculum similar to that in the school.*

*After the birth, she returned to school. Her parents, and those of the father, provided good support for her and her baby. This enabled her to continue her studies through to GCSE examinations.*

97. Such support, which had the co-operation of both sets of parents, meant that the effect of the pregnancy on the educational progress of the girl and boy concerned was minimised and the pregnancy itself was neither glamorised nor stigmatised.
98. Provision outside schools in specialist pupil referral units can have many highly successful features that help girls to continue or, in many cases, re-engage in learning. The features of the best provision provide a basis for assessing what can be done elsewhere, whether it is primarily school-based or based elsewhere.

*The Beckhampton Centre in Nottingham provides a broad and balanced curriculum while creating opportunities both to prepare for the birth of the baby and post-natal care. Initial assessments often show that the girls have weak literacy and numeracy skills and there is an appropriate focus on these areas of learning.*

*The quality of support and guidance provided is excellent. The headteacher and other staff meet with each girl before she transfers to the centre. Discussions also take place with the girl's family and, if possible, with the father and his family.*

*The support provided by the centre, with the addition of careers service inputs, gives the girls opportunities to continue in further education or enter training. The support programme helps raise the self-esteem of the girls, which is reflected in their positive attitudes to continuing in education or training.*



---

## Conclusions and Recommendations

*‘The physiological knowledge necessary to an understanding of the process of human reproduction comes to everyone sooner or later: the way it is acquired is all important. A simple but sound maxim for the provision for this understanding is whatever the age of the child, and whatever the questions asked answers should be to the fullest extent that the child is capable of understanding at that stage.*

*It appears that a substantial proportion of parents either have some reluctance to give such knowledge to their children or feel the need of some guidance on how best to deal with the matter. At the present time many are absent from home, and the parental advice that might be given is not available. As a result, there is an increasing sense among teachers that they have a degree of responsibility for seeing that their pupils shall have some simple measure of sex education before leaving the school.*

*Many teachers have approached the subject with diffidence in view of its nature and what they feel to be their own inadequate training or capacity to undertake it: others, for these and other reasons, have not ventured to embark on it at all. The subject is indeed one of considerable inherent difficulty, and this accounts for the diverse ways in which it has been approached, and renders it more praiseworthy than the degree of success which many teachers and youth leaders have achieved.’*

99. The quotation above is taken from a Board of Education report, Sex Education in Schools and Youth Organisations, published in 1943. Its commentary remains relevant today.

100. The key issues now, as they were then, are:

- to respond honestly and fully to the needs of young people, setting the teaching and advice within a developed moral context
- to encourage schools and parents to work together to ensure that the needs of all young people are identified and met
- to make sure that SRE is taught by teachers who have the necessary knowledge and teaching expertise and who want to participate in this demanding aspect of provision
- to help parents to develop the skills necessary to talk about sex and relationships with their children.

## Recommendations

101. With those issues in mind, the following recommendations arise from this survey:

- ☐ Schools should broaden their coverage and their definition of achievement in SRE to include the development of pupils' values and attitudes and personal skills, as well as the acquisition of factual knowledge.
- ☐ Schools should set out clearly what it is proposed pupils should have learned by the end of each key stage, and assessment processes should be improved so that their learning and their changes in attitudes are monitored effectively.
- ☐ All secondary schools should establish specialist teams with the aim of ensuring that the quality of teaching of SRE is consistently expert and coherent across the key stages.
- ☐ Schools should make sure that values relevant to education about sex and relationships are consistently adhered to within the school so that, for example, homophobic attitudes do not go unchallenged.
- ☐ Teachers should be given further guidance about content and methods in teaching about sexuality.
- ☐ More attention should be given in secondary schools to education about HIV/AIDS and about parenthood.
- ☐ To ensure that they are meeting pupils' needs and reflecting their levels of understanding, schools should actively seek pupils' views of the SRE programme.
- ☐ The structure of in-service training about SRE and other PSHE topics should be reviewed so that teachers have the time and resources to make sure that the training influences the curriculum and teaching.
- ☐ Schools should be more thorough in their monitoring and evaluation of SRE, using a range of evidence.
- ☐ More advice, including access to useful books and other materials, should be made available to parents, especially fathers, to enable more of them to talk constructively with their children about sex and relationships.
- ☐ School programmes of SRE should take into account the information that young people receive from a variety of sources including the media and help them to treat it critically.

- ❑ Local education and health authorities should consider how more pupils in secondary schools can have better access to individual advice from specialist professionals, including through centres on school sites.
- ❑ The effectiveness of provision for schoolgirl mothers, whether primarily school-based or otherwise, should be assessed against the quality of the pastoral, health and academic support offered by the best schoolgirl mothers units.





---

# Appendices

## Appendix 1: Learning outcomes

The following statements are offered as illustration of learning outcomes for SRE for each key stage. They give a basis for planning work to develop knowledge and understanding, values and attitudes and personal skills in SRE. They draw on DfES and other guidance on SRE and they reflect elements of the non-statutory framework for PSHE. Those statements marked with an asterisk are part of the National Curriculum science requirements.

### ☐ By the end of Key Stage 1

#### **Pupils will be able to:**

- recognise and compare the main external parts of the bodies of humans\*
- recognise similarities and differences between themselves and others and treat others with sensitivity\*
- identify and share their feelings with others
- recognise safe and unsafe situations
- identify and be able to talk with someone they trust
- be aware that their feelings and actions have an impact on others
- make a friend, talk with them and share feelings
- use simple rules for dealing with strangers and for resisting pressure when they feel uncomfortable or at risk.

#### **Pupils will know and understand:**

- that animals, including humans, grow and reproduce\*
- that humans and animals can produce offspring and these grow into adults\*
- the basic rules for keeping themselves safe and healthy
- about safe places to play and safe people to be with
- the needs of babies and young people
- ways in which they are like and different from others

- that they have some control over their actions and bodies
- the names of the main external parts of the body including agreed names for sexual parts
- why families are special for caring and sharing.

**Pupils will have considered:**

- why families are special
- the similarities and differences between people
- how their feelings and actions have an impact on other people.

☐ **By the end of Key Stage 2**

**Pupils will be able to:**

- express opinions, for example, about relationships and bullying
- listen to, and support others
- respect other people's viewpoints and beliefs
- recognise their changing emotions with friends and family and be able to express their feelings positively
- identify adults they can trust and who they can ask for help
- be self-confident in a wide range of new situations, such as seeking new friends
- form opinions that they can articulate to a variety of audiences
- recognise their own worth and identify positive things about themselves
- balance the stresses of life in order to promote both their own mental health and well-being and that of others
- see things from other people's viewpoints, for example their parents and their carers
- discuss moral questions
- listen to, support their friends and manage friendship problems
- recognise and challenge stereotypes, for example in relation to gender

- recognise the pressure of unwanted physical contact, and know ways of resisting it.

**Pupils will know and understand:**

- that the life processes common to humans and other animals include growth and reproduction\*
- about the main stages of the human life cycle\*
- that safe routines can stop the spread of viruses including HIV
- about the physical changes that take place at puberty, why they happen and how to manage them
- the many relationships in which they are all involved
- where individual families and groups can find help
- how the media impact on forming attitudes
- about keeping themselves safe when involved with risky activities
- that their actions have consequences and be able to anticipate the results of them
- about different forms of bullying people and the feelings of both bullies and victims
- why being different can provoke bullying and know why this is unacceptable
- about, and accept, a wide range of different family arrangements, for example second marriages, fostering, extended families and three or more generations living together.

**Pupils will have considered:**

- the diversity of lifestyles
- others' points of view, including their parents' or carers
- why being different can provoke bullying and why this is unacceptable
- when it is appropriate to take a risk and when to say no and seek help
- the diversity of values and customs in the school and in the community

- the need for trust and love in established relationships.

❑ By the end of Key Stage 3

**Pupils will be able to:**

- manage changing relationships
- recognise risk of personal safety in sexual behaviour and be able to make safe decisions
- ask for help and support
- explain the relationship between their self-esteem and how they see themselves
- develop skills of assertiveness in order to resist peer pressure and stereotyping
- see the complexity of moral, social and cultural issues and be able to form a view of their own
- develop good interpersonal skills to sustain existing relationships as they grow and change and to help them make new relationships
- be tolerant of the diversity of personal, social and sexual preference in relationships
- develop empathy with the core values of family life in all its variety of forms
- recognise the need for commitment, trust and love in meaningful relationships which may manifest themselves in a variety of forms, including marriage
- recognise the stages of emotions in relation to loss and change caused by divorce, separation and new family members and how to manage their feelings positively.

**Pupils will know and understand:**

- that fertilisation in humans is the fusion of a male and a female cell\*
- the physical and emotional changes that take place during adolescence\*
- about the human reproductive system, including the menstrual cycle and fertilisation\*
- how the foetus develops in the uterus\*



- how the growth and reproduction of bacteria and the replication of viruses can affect health\*
- how the media influence understanding and attitudes towards sexual health
- how good relationships can promote mental well-being
- the law relating to sexual behaviour of young people
- the sources of advice and support
- about when and where to get help, such as at a genito-urinary medicine clinic.

**Pupils will have considered:**

- the benefits of sexual behaviour within a committed relationship
- how they see themselves affects their self-confidence and behaviour
- the importance of respecting difference in relation to gender and sexuality
- how it feels to be different and be discriminated against
- issues such as the costs of early sexual activity
- the unacceptability of prejudice and homophobic bullying
- what rights and responsibility mean in relationships.

☐ By the end of Key Stage 4

**Pupils will be able to:**

- recognise the influences and pressures around sexual behaviour and respond appropriately and confidently seek professional health advice
- manage emotions associated with changing relationships with parents and friends
- see both sides of an argument and express and justify a personal opinion
- have the determination to stand up for their beliefs and values
- make informed choices about the pattern of their lifestyle which promote well-being
- have the confidence to assert themselves and challenge offending behaviour

- develop qualities of empathy and sympathy and the ability to respond emotionally to the range and depth of feelings within close relationships
- work co-operatively with a range of people who are different from themselves.

**Pupils will know and understand:**

- the way in which hormonal control occurs, including the effects of the sex hormones\* some medical uses of hormones including the control and promotion of fertility\*
- the defence mechanisms of the body\*
- how sex is determined in humans\*
- how HIV and other sexually transmitted infections affect the body
- the link between eating disorders and self-image and sexual identity
- the risks of early sexual activity and the link with the use of alcohol
- how the different forms of contraception work and where to get advice
- the role of statutory and voluntary organisations
- the law in relation to sexual activity for young people and adults
- how their own identity is influenced by both their personal values and those of their family and society
- how to respond appropriately within a range of social relationships
- how to access the statutory and voluntary agencies which support relationships in crisis
- the qualities of good parenting and its value to family life
- the benefits of marriage or a stable partnership in bringing up children
- the way different forms of relationship including marriage depend for their success on maturity and commitment.

**Pupils will have considered:**

- their developing sense of sexual identity and feel confident and comfortable with it

- how personal, family and social values influence behaviour
- the arguments around moral issues such as abortion; contraception and the age of consent
- the individual contributions made by partners in a sustained relationship and how these can be of joy or benefit to both
- the consequences of close relationships including having children and how this will create family ties which impact on their lives and those of others.

## **Appendix 2: Schools providing examples of good practice**

We are grateful to the schools listed who provided the examples of good practice included in this report:

Beckhampton Centre, Nottingham

Brindishe Primary School, Lewisham

Good Shepherd Primary School, Lewisham

Hardley School, Hampshire

Highfields School, Derbyshire

Paignton Community College, Torbay

Stoke Damerel School, Plymouth

Sutton Special School, Dudley

Torquay Grammar School for Girls, Torbay

Worle School, Weston super Mare.





